



## APPLICATION FOR FUEL LICENSE

**Send application to:**

Post Office Box 8902  
Wisconsin Department of Revenue  
Madison, WI 53708-8902  
(608) 261-6435  
TTY (608) 267-1049  
FAX (608) 267-1030

*(Failure to provide all information  
requested will delay the processing  
of your application)*

**Department Use Only**

Transporter #

Date

Approved By

**SECTION 1 – All Applicants Must Complete Section 1***Please print or type information below***TYPE OF LICENSE** - Check license(s) you are applying for:**Motor Vehicle Fuel Tax:**☐ Supplier (position holder at a pipeline terminal location)**Restricted Supplier**☐ Import (from out-of-state bulk storage)☐ Export (from Wis. bulk storage)**Other Fuel Types:**☐ Petroleum products shipper (required to remit the petroleum inspection fee but not needed if licensed as a motor vehicle fuel supplier)☐ Alternate fuel dealer/user (for example: LPG, CNG)☐ General aviation fuel dealer/user (for example: jet turbine fuel, AVGAS)☐ Fuel transporter registration

1. True Name (corporation, limited liability company, partnership or individual)

Federal Employer ID No.

Telephone No.

( )

2. Trade or Business Name

Social Security No. (required if sole proprietor)

Business Telephone

( )

3. Business Address (street/route - do not use PO Box)

City or Post Office

State

Zip Code

4. Mailing Address (if different from business address)

City or Post Office

State

Zip Code

**5. Business Located In:**

(check one and indicate county)

☐ City☐ Village of: \_\_\_\_\_☐ Town**In the Wisconsin county of:** \_\_\_\_\_**6. Organization (check one)**1 ☐ Sole Proprietor2 ☐ Partnership3 ☐ Wisconsin Corporation (Date incorporated \_\_\_\_\_)4 ☐ Out-of-state Corporation (Licensed in Wis? ☐ Yes ☐ No)5a ☐ Other (Describe \_\_\_\_\_)**5b ☐ Governmental Unit (check appropriate box below)**☐ Federal☐ County☐ Wisconsin State Agency☐ Local**6 ☐ Limited Liability Company – Enter date registered with the**

Department of Financial Institutions: \_\_\_\_\_

For federal income tax purposes, will the LLC be taxed as a:

☐ Partnership☐ Corporation☐ Single member LLC disregarded as a separate entity**7. Provide the following information for sole proprietor, all general partners if partnership, all members of a limited liability company, or principal officers of a corporation.****Name****Social Security****Home Address****City, State & Zip Code****Title**

**SECTION 2 – All Applicants Except Transporters Must Complete Section 2.****Transporters must complete Sections 3 & 4 below.**

8. Locations(s) to be licensed (attach schedule if you have more locations)		
<b>Street or Highway</b>	<b>City</b>	<b>State/Zip Code</b>
9. Indicate: <b>Estimated Total Monthly Fuel Tax and Petroleum Inspection Fee Liability</b> \$ _____ <b>Date You Wish to Begin Operations:</b> _____		
10. Where Do You Maintain Your Business Checking Account(s)?  Name of Bank  Address  City, State, Zip Code  Account Number(s)	<b>Bank #1</b>	<b>Bank #2</b>

**SECTION 3 – Only Transporter Applicants Should Complete Section 3**

11. Indicate type of carrier (check one): <input type="checkbox"/> Contract <input type="checkbox"/> Common <input type="checkbox"/> Private
12. Will you be transporting motor vehicle fuel, alternate fuel or general aviation fuel across state lines? <input type="checkbox"/> Yes <input type="checkbox"/> No If you check "no" but at some point in the future you begin transporting fuel across state lines, call us because you may have different requirements for reporting your fuel shipments to the department.
13. Indicate the date your fuel transporting operations will begin: _____

**SECTION 4 – All Applicants Must Complete Section 4**

14. <b>SIGNATURE OF APPLICANTS.</b> I declare under penalties of law that I have examined this information and to the best of my knowledge and belief, it is true, correct and complete.	
_____ President of Corporation/Member/Partner/Individual	_____ Secretary of Corporation/Member/Partner
Date _____	
<b>Note:</b> If a corporation, the application should be signed by the president and secretary; if a partnership or a limited liability company, by at least two of the partners/members.	

Separate instructions (MF-200) are provided for this application. If you misplace your instructions, call us at (608) 261-6435 for a replacement. Our FAX # is (608) 267-1030.

**KEEP A COPY OF THIS APPLICATION IN YOUR RECORDS**